

IFW AB635 Jfw

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/042,857
Filing Date	01/11/2002
First Named Inventor	Breslin
Group Art Unit	3635
Examiner Name	J. E. Chapman
Attorney Docket Number	Breslin-1

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
---	---	--

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

LaMorte & Associates

Signature

Date

08/06/2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

08/06/2004

Typed or printed name

Eric A. LaMorte

Signature

Date

08/06/2004

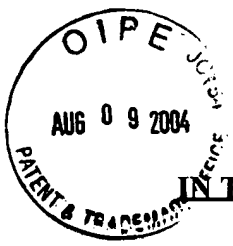
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

From:

LaMORTE & ASSOCIATES, P.C.
ATTORNEYS AT LAW
985 READING AVENUE
P.O. BOX 434
YARDLEY, PA. 19067

To:

***MAIL STOP Non-Fee Amendment
Commissioner of Patents & Trademarks
BOX 1450
ALEXANDRIA, VA 22313-1450***



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Breslin

Serial No.: **10/042,857**

Filed: **January 11, 2002**

Examiner: **J. E. Chapman**

Group Art Unit: **3635**

Date: **August 6, 2004**

**FOR: PADDING DEVICE FROM AN ABOVE-
GROUND POOL AND ITS ASSOCIATED
METHOD OF INSTALLATION**

Mail Stop Non-Fee Amendment
Commissioner of Patents and Trademarks

I hereby certify that this correspondence and/or fee is being deposited with the United States Postal Service as First Class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Mail Stop Amendment in accordance with 37 C.F.R. § 1.8, on this day

(Date of Deposit)

August 6 2004

(Signature and Date)

[Signature] 8-6-04

AMENDMENT

Sir:

Pursuant to the Official Action dated May 11, 2004 and received in regard to the above-identified application, please enter the following amendments and remarks.

IN THE CLAIMS

Delete Claim 13.

Please amend the claims as follows: